FAICHT AFFLICATION FEE DETENBINATION RECUBIT	PATENT	APPLICATION	FEE DETERMINATION RECORD
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Effective October 1, 2000

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN											THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			zı					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			Z/ minus 20=		*			X\$ 9=		OR	X\$18=	18.00
INDEPENDENT CLAIMS 5 minu			nus 3 =	· 2			X40=		OR	X80=	160.00	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	70
* If the difference in column 1 is less than zero, enter "					r "0" in c	olumn 2	1	TOTAL		OR	TOTAL	288
	C	LAIMS AS A			1		•	OTHER				
		(Column 1)		(Colui		(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	***	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIN	=		X40=		OR	X80=	
L	FINOT PRESE	NATION OF W	OLTIPLE DEF	ENDEN	CLAIM		1	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	-
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE		1011	ADDIT. FEE	
		CLAIMS	29.35	HIGH	IEST		1 г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	CLAIM		!	+135=		OR	+270=	
							L	TOTAL		ı I	TOTAL	
•							Δ	ODIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	1 -					
AMENDMENT C	A# 579	REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=	- 1
	Independent	*	Minus	***	,	=	╽┟	X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J ├			OR		
	If the entry in colu	mn 1 is less than t	he entry in colu		+135=		OR	+270=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number